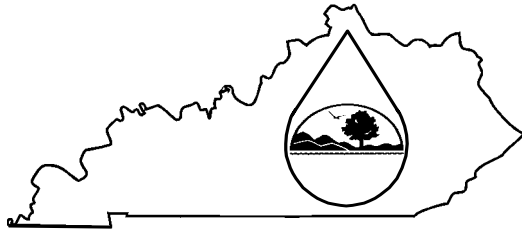


KPDES FORM EWAA



Kentucky Pollutant Discharge Elimination System (KPDES)

Exceptional Water Alternative Analysis

The Antidegradation Implementation Procedures outlined in 401 KAR 5:030, Section 1(2)(b)7 allows an applicant who does not accept the effluent limitations required by subparagraphs 3, 4, and 5 of 5:030, Section 1(2)(b) to demonstrate to the satisfaction of the Environmental and Public Protection Cabinet that no technologically or economically feasible alternatives exist and that allowing lower water quality is necessary to accommodate important economic or social development in the area in which the water is located. The approval of a POTW's regional facility plan pursuant to 401 KAR 5:006 shall demonstrate compliance with the alternatives analysis and socioeconomic demonstration for a regional facility. The alternative analysis and socioeconomic demonstration shall follow the guidance found in "Interim Economic Guidance for Water Quality Standards Workbook" EPA March 1995. This demonstration shall also include this completed form and copies of any engineering reports, economic feasibility studies, or other supporting documentation

I. Permit Information

Facility Name:		KPDES NO.:	
Address:		County:	
City, State, Zip Code:		Receiving Water Name:	

II. Alternatives Analysis

	<u>Yes</u>	<u>No</u>
1. Has discharge to other treatment works been investigated? (If yes, then indicate which treatment works were considered and the reasons why that discharge to these works is not feasible.)	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Yes</u>	<u>No</u>
2. Have other discharge locations been evaluated? (If yes, then indicate what other discharge locations have been evaluated and the reasons why these locations are not feasible.)	<input type="checkbox"/>	<input type="checkbox"/>

II. Alternatives Analysis

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 3. Has water reuse or recycle been investigated as an alternative to discharge?
(If yes, then provide the reasons why it is not a feasible alternative) | <input type="checkbox"/> | <input type="checkbox"/> |

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 4. Have alternative process or treatment options been evaluated?
(If yes, then indicate what process or treatment options have been evaluated and provide the reasons they were not feasible.) | <input type="checkbox"/> | <input type="checkbox"/> |

II. Alternatives Analysis

5. Have on-site or subsurface disposal options been evaluated?
(If yes, then indicate the reasons they were not feasible.)

Yes

☐

No

☐

6. Have any other alternatives to lowering water quality been evaluated?
(If yes, then describe those alternatives evaluated and provide the reasons why these alternatives were not feasible.)

Yes

☐

No

☐

III Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Title:		Telephone No.:	() -
Signature:		Date:	

Kentucky Pollutant Discharge Elimination System (KPDES)
Instructions
KPDES Permit Application Supplemental Information

SECTION I – PERMITTEE INFORMATION

Facility Name:	Provide the name of the facility
Mailing Address, City, State, and Zip Code:	Provide the mailing address
KPDES No.:	Provide the KPDES permit number for the facility
County:	Indicate the county in which the facility is located
Receiving Water Name:	Indicate the water body into which the facility discharges or plans to discharge.

SECTION II – RECEIVING WATER/DISCHARGE INFORMATION

Check the appropriate boxes that apply.

Under each question answered yes provide a synopsis of the evaluation performed and the justification why these alternatives were not viable. For a successful demonstration all questions must be answered yes and justifications provided as to why the alternatives were not consider viable.

Include appropriate support documentation.

SECTION III - CERTIFICATION

Name and Title: Indicate the name and title of the person signing the form.
Telephone No.: Provide the telephone number of the person signing the form.
Date: Indicate the date which the form was signed.

This form being part of the permit application must be signed as follows:

Corporation: by a principal executive officer of at least the level of vice president
Partnership or sole proprietorship: by a general partner or the proprietor respectively